IMPROVING THE LIVES OF THE MENTALLY ILL THROUGH TECHNICAL ASSISTANCE CONSULTATION

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A central problem that faces the profession of social work is how to transfer research findings, new methods and theories, and practice modalities to the active practitioner. This endeavor has become salient as specialized services have been developed for specific target populations (i.e. sexual abuse victims and perpetrators, long term mentally ill). One potential strategy for transferring new technology and information is the use of ongoing consultation services, here referred to as technical assistance. Such consultation practice seems to be a particularly promising method for sharing information and innovations that are generated from centers of higher learning as well as in state and national organizations.

This paper reports on the results of a two year technical assistance project sponsored jointly by the University of Kansas School of Social Welfare and the Kansas State Department of Mental Health and Retardation. Specifically, the program of technical assistance was designed to assist programs and practitioners who were providing specialized services to the long term mentally ill. The mission of the consultants was to help programs design and develop services that increased the "community capacity" of clients as measured by increased employment, increased independence in living arrangements and, reduced hospitalizations.

The study was designed to accomplish two goals. First, the results of seven separate consultation projects were used to develop a heuristic model of consultation practice that could be employed by future consultants in this project and by social work consultants in a variety of practice settings. Secondly, the research was designed to learn more about the specific outcomes from each consultation intervention.

This paper will discuss the results of two projects. The first case study reflects an intervention where the essential features of the technical assistance consultation model were not executed and the project was determined to be a subsequent failure. The second case study reflects a sample case where the key elements of the theoretical model were present and the project was declared a success. This was an exploratory study. There was no standardized intervention or model that guided the consultants. The model that was subsequently developed is the result of a retrospective analysis of each case. There is

no attempt to discount the potential impact of confounding variables that influenced the results that will be presented for these two interventions. These two cases represent the two poles of the seven sites studied. However, it should be noted that the relationship between the presence of the theoretical factors for successful consultation and the rating of the relative success of each project (primarily based upon improvement in client status scores) followed a decidedly linear trend. This paper will only briefly discuss the model building process. The interested reader may find a thorough discussion of this process in the complete report (Sullivan, 1989).

The Technical Assistance Project

Each project reflected the joint efforts of three institutions: the Kansas State Department of Mental Health and Retardation, the community mental health center, and a major public university. Two activities were central to this effort. The first major activity was the implementation of the statewide client status outcome reporting method (see Rapp, Gowdy, Sullivan & Wintersteen, 1988). This reporting package provided data on client activity in employment, their level of independence in living arrangements and hospitalization data. The system was also designed to monitor client movement on these dimensions on a quarterly basis.

The second major aspect of the technical assistance project was the outreach consultation services. This consultation project was seen as having six components.

1. Assessment of Current Program Performance. This assessment was accomplished through data collection, on site visits, and discussions with agency personnel.

2. Creation of a Technical Assistance Menu. This constitutes the sample of interventions offered. Included were: case reviews, case management training, analysis and development of job descriptions, and reworking the organizational chart.

3. Develop Menu of Agreement. This involves the establishment of a contract between the two parties on the nature of the activities to be engaged in.

4. Implementation. Here the mutually developed action plan is executed.

5. Evaluation. There were three main areas of evaluation: program performance; consultee satisfaction; and,

center specific goal attainment.

6. Celebrations and Rewards. The consultant hopes to maintain a performance-based, yet fun atmosphere.

What is particularly significant about the above discussion is not so much what is stated, but what is not. Like many practitioners thrust into the consultation role, the consultants in this project had no formal training in such a role. As Cogswell and Miles (1984) have suggested "independent learners are left to choose from a vast smorgasbord of consultant models, a difficult task with no guide to help them make a correct decision" (p. 13). This state of affairs made a retrospective look on the accomplishments and failures of individual projects crucial to the success of future technical assistance consultants in this project and an important cornerstone in the development of a heuristic model of consultation for social work practitioners.

Selection of Sites

The technical assistance consultants became involved with various community support programs in two basic ways. The first method of selection involved those community support programs that were identified by state officials as needing some assistance. These projects were selected by virtue of their infancy, or because of perceived difficulties in their operations. The second selection procedure involved direct inquiries for service from community support programs. The requests for assistance varied from very specific questions and problem areas, to general requests for help. In all cases participation was voluntary.

For the purposes of this paper two centers will be contrasted, here referred to as Bluffs and Metro. Both settings are in urban areas but only Metro would be considered as serving a metropolitan area. Table 1 indicates where the two programs were similar and divergent in respect to some key variables.

Both centers were identified by the state department of mental health as centers needing assistance. Note that while the overall caseload at Metro is much higher, the actual client to staff ratio is lower. There is no question, however, that Metro was a heavily bureaucratized organization and that this impacted on the results presented here. The diversity of the projects served in this project allowed for cross program comparisons that, in the end, strengthened the confidence that the heuristic consultation model that was ultimately developed was applicable in a variety of settings.

Table 1
Characteristics of Sample Sites

	STAFF	CASELOAD	# OF CONTACTS	INVOLVEMENT
Metro	11	110	15	18 months
Bluffs	4	50	19	20 months

Method

While the discussion of the model building process will be limited in this report, it is important that the reader has some understanding of the methodology that was employed. Such an understanding is required so that one may judge the efficacy of the technical assistance consultation model.

Grounded Theory

To begin to explore the results of each consultation intervention in the technical assistance project and to use this information to guide the construction of a working consultation model, a modification of the grounded theory approach (Glaser and Strauss, 1967) was employed. Grounded theory rests on an inductive process of theory and knowledge formulation. The primary interest is in the generation of theory, not the verification of hypotheses.

An important first step in using the grounded theory method in the development of a consultation model for use by social workers was the use of the professional literature. Most researchers diligently search and present the literature relevant to the topic under discussion. Here, literature is usually used to present the evolution of a concept or ideas or, to show how the present study varies from those that have gone before. In this study the literature was reviewed and used as a source of data. Glaser and Strauss (1967) have commented that "Every book, every magazine article, represents at least one person who is equivalent to the anthropologist's informant or the sociologists interviewee" (p. 163). Dunn and Swierczek (1977) have applied grounded theory in a similar matter in their exploration planned organization change.

The literature search was guided by a rudimentary, but essential coding process. When particular factors were highlighted or presented as important to success, they were recorded. No inferences or assumptions were made. If a factor was included in the analysis its importance was specifically mentioned by the authors represented. These factors were categorized under a myriad of domains and placed

in a computer file. This procedure was continued until few additional insights were gained. Ultimately, these discrete elements were subsumed under 6 factors seen as essential to successful consultation. These factors were then seen as the pillars of an initial model of consultation to be matched with the retrospective analysis of the seven projects both individually and collectively. It was these factors that would be added to, modified, or discarded as a result of the subsequent inquiry.

Archival Data

While retrospective analysis is always difficult, this study benefited from the wealth of correspondence that accompanied each consultation visit. Following each consultation visit a follow-up letter was mailed that highlighted the substance of the past meeting, delineated the tasks for both the consultant and consultee in the interim period, and established an agenda for future visits. By reviewing the stream of correspondence, in conjunction with the quarterly data reports (to be discussed in this section), the actual flow and process of the intervention "career" could be reconstructed.

Client Outcome Data

Client outcome data provided a measure of the degree of employment activity, level of independence in living arrangement and, the number and duration of psychiatric hospitalizations for each client served. For a complete description of this method see Rapp, Gowdy, Sullivan and Wintersteen (1988).

Semi-Structured Interviews

The last two sources of data were drawn from the recipients of consultation. The first data source was semi-structured interviews conducted from the key leaders at each consultation site. An interview assistant was used to gather data on three main areas: What was helpful about the consultation, what was not helpful, and what could make it better. These interviews were audio taped and coded using features of Spradley's (1979) ethnographic interviewing method.

Technical Assistance Questionnaire

The factors that were gleaned from the original literature review were also used to develop a 46 item questionnaire. The questionnaire was comprised of 2 Likert-type scales per item. The first, 4-point scale asked

respondents to rate the presence and use of various strategies and traits of the consultant. The second, 6-point scale asked respondents to rate how important this factor was for effective technical assistance.

All sources of data described above were used to construct the final consultation model. While this project was not testing any specific hypotheses the outcome of each consultation intervention was used to decipher discriminating features of successful as well as unsuccessful consultations. In short, there was as much to learned from a failed effort as there was a highly successful intervention.

THE TECHNICAL ASSISTANCE CONSULTATION MODEL

A heuristic model, in contrast to the more common sequential models, seemed more consistent with actual practice experience of the consultants. Each program in this sample had different agendas, capabilities, and task environments. To attempt to provide consultation based on a predisposed plan was doomed to failure. A heuristic model seemed to provide a guide rather than a road map. The final model was comprised of seven factors each of which will be described briefly below.

Relationship Building: Not surprisingly, good consultation cannot proceed without the develop of a solid working relationship. Particularly noted by the literature and by the recipients of consultation in this project were the importance of a collaborative style, enthusiasm, the use of humor, and being treated respectfully.

Creating a Vision: This factor suggests the importance of helping each program define a mission for their program that guides and defines their subsequent efforts.

Recognizing the Gap: When a mission or vision has been established it is important to recognize where current performance falls short of the desired state.

Goal and Standard Setting: The use of specific measurable goals was shown to lead to improved performance. Such goals provide measurable referents to monitor program progress

Taking Action Steps: Action steps reflect the concrete steps taken to accomplish program goals.

Empowerment: Empowerment suggests those efforts to ensure that the consultation process results in consumers feeling more enabled in meeting goals and solving problems.

Establishing a Contract: This factor was added to the original set following the feedback of the consumers and a review of each intervention. Contracting is seen as an ongoing process that suggests that there is clear agreement on the goals, responsibilities, and manner in which a phase of consultation proceeds.

The following section will review the results of two consultation processes that were undertaken as a part of the technical assistance project. The degree in which the factors for successful consultation were present differed in significant degrees. It is obviously premature to suggest that the implementation of consultation services consistent with the above model will result in improved program performance. This is best left to subsequent study. However, this exploratory work suggests the potential for outreach consultation to improve services and ultimately the lives of underserved and disadvantaged population groups.

CASE STUDY 1
METRO MENTAL HEALTH CENTER

The Metro mental health center was identified by the State Department of Mental Health and Retardation as a center which could benefit from the technical assistance project. While the only data available to state official had been hospitalization records, these were sufficient to cause some alarm. While there was great excitement and optimism about the opportunity to work with this center, this enthusiasm was soon replaced by frustration.

The seeds for the failure of this project were sown in the initial phases of the intervention. By focusing attention primarily on upper management levels, the consultant team defined a series of strategies and interventions that were not greeted warmly by the bulk of community support staff.

An early activity which underscores this point was the attempt to provide case management training to the center staff. Responding to the director who suggested that staff had expressed a desire for more workshops, a four day training session was scheduled. This effort was terminated after two sessions when it became apparent that the staff was uninterested in sitting through these sessions. This early fiasco was only compounded by the failure of the consultant to show for a subsequent meeting with the CSP director. Furthermore, the CSP director began a pattern of neglecting to follow through on a variety of agreements that he had made to the consultant, such as providing copies of up to date job descriptions.

Recognizing that irreparable damage may have been done, a new consultant was assigned to this project. Marked by a special kick-off section a new phase was begun in the consultation project. This phase was marked by a beginning series of case review sessions with the entire community support staff. The purpose of these reviews was to introduce, via case discussions, the strengths perspective in case management work highlighted by actual case planning. While the meetings appeared to be productive, subsequent reviews indicated that plans were rarely followed through.

Through all these set backs the technical assistance team persisted. Working with the CSP director to reorganize the agency structure, there was hope that the two newly developed case management teams would become the forum at which change would be introduced in the agency. In conjunction with the revamped organizational chart, new job descriptions were developed that emphasized the importance of community outreach work and resource acquisition. Focus was again placed on the functional abilities of clients not merely their narrowly defined treatment needs.

Client outcome data underscored the difficulties this program was having. In comparison with other community support programs throughout the state, Metro was one of the lowest performers. Yet, these results never appeared to have much impact on center personnel. Regardless of the attempt of the consultant to impress upon the staff the seriousness of this data in comparison with other mental health centers around the state, the results were simply accepted as reflective of the clients served.

It appeared that the consultation project would gain better footing when plans were developed to split technical assistance sessions between the two recently formed case management teams. Unfortunately, the supervisor of one of these teams essentially decide that his staff was "not ready" for this process. However, the work with the second team appeared to proceed much better. Case reviews were conducted on an every other week basis and there appeared to be good rapport between the consultant and team members. The consultant also made some effort to publicly commend the work of team members through letters internally and to state officials.

The process appeared to be proceeding nicely until one critical meeting seemed to create more friction. In the absence of the team supervisor who was away, the consultant met alone with the remainder of the team. This proved to be a cathartic meeting highlighted by the case managers expressing a litany of complaints about their job conditions and

frustrations with clients. Shortly thereafter the supervisor suggested scaling down the contact with the consultant. During the follow up interviews the supervisor admitted being intimidated and threatened by the consultant but did not openly admit that this was the reason for reducing contact. In summary, like an infectious germ, the consultant was slowly being passed from the Metro system.

In reviewing the total sample of projects, three factors seemed to discriminate the successful consultation interventions from the failed efforts above all others. These factors were: Creating a Vision; Recognizing the Gap; and Taking Action Steps. All data generated from this project confirmed the absence of these factors in this intervention.

In the case of Metro the absence of practically every factor with the exception of, interestingly, relationship building, may have accounted for the particularly depressing results. Table 2 reports the change in client outcome data in one of the most important and discriminating dimensions, employment status. It is important to note that hospitalization data for the center remained somewhat constantly high while independent living showed some periodic but, unsustained improvement.

Perhaps the most sensitive measure to ascertain client improvements in this project is known as the overall movement score (see Rapp, Gowdy, Sullivan & Wintersteen, 1988). This measure captures the number of clients that improve their status over a given time (in this case a quarter) versus those that suffer a decline in status. For vocational status, among those clients served by Metro, 16 clients improved status while 32 declined.

In conclusions, it was stated earlier that as much can be learned from a failed intervention (although it is less satisfying) as can be from a success. Given this, what can be learned from this particular project ?

First, the experience at Metro and several of the interventions undertaken in this project underscored the importance of the initial contrasting phase. This would place a premium on the entree process as well as the involvement of key personnel in the negotiation phase.

Consistent with the above points was the failure to consistently establish clear cut contracts complete with parameters on the frequency of meetings and mutual expectations. While discontinuing consultation is always an option to the consultee system, it should remain an option for the consultant as well. When the agency failed to follow

through on agreed tasks the desirability of continuing the project should have been openly discussed.

Table 2
Vocational Status
Metro Mental Health Center

% of 1988 Clients	July 1987	Oct. 1987	Jan. 1988	April
No Activity	39%	51%	59%	55%
Competitive Activity	16%	15%	14%	18%
% of Clients in actual paid jobs (min. 30 hrs. per week)	15%	11%	9%	13.6%

Perhaps most significantly, there was never an ownership of the client outcome data presented at each quarter. Nor did it appear that the staff felt as if they could impact such scores. The use of these outcome measures as a method of motivating efforts to improve performance was an essential feature of the most successful consultation interventions. This program never experienced that there was a "gap" between a mission and current performance. Accordingly, they felt little impetus to alter the status quo. Indeed, it could be reasonably argued that the motivation for involvement was to keep state pressure of the back of Metro. Without a true commitment to the consultation process little can be accomplished.

Finally, Metro represented the most highly bureaucratized program in the sample. Many innovative ideas generated by line staff were subsequently snuffed via red tape and reticent management staff. This created an overwhelming sense of apathy and frustration. More continual involvement was needed with the community support director and executive director of the agency if true change was to be instituted.

Case Study 2
Bluffs Mental Health Center

No center included in the technical assistance project had

a longer consecutively running relationship with the University of Kansas. In a similar fashion to Metro, this center was also singled out by the state department of mental health as a center in need of assistance. Yet, while such exposure can lead to defensiveness, here the end result was an intensive open relationship that lead to significant program overhaul and a mutually satisfying work relationship. Given the intensity of the involvement perhaps no center in the total sample provided as many insights into the consultation process as this one.

This center was initially involved with the University of Kansas in pilot testing the client outcome reporting method. Many of the modifications made in the instrument and issues involved in interpreting the results came from this early experience. This mutual effort may have increased the degree to which program staff felt ownership of the data, a factor highlighted as important in the professional literature (Huberman, 1987; Rapp & Poertner 1987 & Sommer,1987). In summary, mutually developing and refining the instrument seems to have led to a feeling that the resulting figures were both real and relevant, a critical dimension to the optimum use of information (Glaser, 1981; Huberman, 1987; Schmuck, 1983).

An initial meeting involved the director of community support staff and two staff responsible for the partial hospital program. The executive director did not attend this initial session and was never involved in the technical assistance project. This meeting featured the agreement on the general goals and mission of the project. Specifically, it was agreed that four global goals would guide efforts: increased independence of living arrangement, improved vocational status, reduced hospitalization rates, and increased social supports.

The initial round of client outcome data provided a baseline by which to measure the subsequent efforts of both the consultant and the agency. Early on there was concern over two outcome dimensions: vocational activity and hospitalizations. Undaunted by some particularly troubling findings (such as 64% of clients in no vocational activity), the staff immediately established concrete, quantitative goals in each outcome area. The importance of goal setting cannot be overstated when there is an effort to improve performance and institute change. Locke, Shaw, Saari and Latham (1981) suggest that "the beneficial effect of goal setting on task performance is one of the most robust and replicable findings in the psychological literature" (p. 145). Locke and associates (1981) feel that goal setting serves as a cueing function. Here goals provide direction, attention,

motivation, and lead to persistence in effort over time. Latham and Yukl (1975), in a study of 11 organizations, found that specific goal setting resulted in improved performance in 10 of the 11 sites.

Subsequent meetings highlighted other important ingredients for successful consultation geared to improve program performance. Not only was their agreement on the direction of the program, as marked by a clear mission and the establishment of goals, there was also an effort to examine the current organization activities and structure. To be effective, there must be a match between the goals established by a program and the methods used to attain these goals. Likewise, the very structure of an organization can facilitate or impede performance. To this end, the community support director negotiated an increase in the number of hours she devoted to this program with respect to her other duties at the center. The "pre-vocational" group was revitalized to insure that there was a true commitment to increasing the employment options of those who attended. Job descriptions were re-worked to focus more heavily on outreach work and on the goal of increasing the community capacity of the clients served. A housing specialist was hired to help place clients in independent living arrangements with emphasis on those recently or ready to be discharged from the state hospital system.

While structural changes, establishing a mission, and goal setting were all important ingredients for success, these efforts also reflected attendant changes in attitude and perception. The staff recognized that their attitudes about the clients they served was also an impediment, at times, to client accomplishments. This was particularly true in the area of employment opportunities. There was increasing recognition that by assuming an artificial ceiling on client potential that this sentiment was absorbed by those they were trying to help.

The intensity of this effort to counteract potentiality disabling attitudes manifested itself the eventual establishment of a "no excuses" environment. Even when the consultant attempted to explain program failures as partially accounted for by impinging factors, the staff assumed responsibility for results. In summary, this staff experienced a great deal of ownership over the program and its performance.

These efforts had an immediate payoff. Within a 5 month period there had been a dramatic improvement in the employment status of clients served, gains that continued at the one year

mark. Table 3 provides an overview of the striking accomplishments that were made.

Table 3
Vocational Status
Bluffs Mental Health Center

% of Clients	Aug. 1986	Jan. 1987	July 1987
No Activity	64%	28%	12.5%
Competitive Activity	18%	49%	46%
# of clients in actual paid jobs (30 hrs. per week min.)	5	9	17

Perhaps even more impressive was the movement index for vocational status as tabulated over one year. In the period from August of 1986 to July of 1987, 21 clients improved their vocational status against only 7 declines. This movement score of 3.0 was significantly better than the 1.25 standard the program had established for itself.

There was a slight decline in the movement index for independent living, however this downward trend was insignificant for two basic reasons. First, this program consistently had one of, if not the highest percentage of clients in independent living status (as high as 77%) in the state. Second, some of the downward movements actually reflected improvements in the quality of living enjoyed by clients.

Thus, the technical assistance project through case review processes, reorganization, the introduction of new technologies (particularly outreach case management), and by interjecting new ways of conceptualizing clients and services, helped this program improve their overall performance.

How does one make sense of this project ? It is clear that in the presence of a stable task environment that data feedback and consultation resulted in a substantial increase in client involvement in vocational activity. While there was little upward movement in independent living, clients tended to remain in the highest status categories. During this same

period, state hospitalizations were reduced to an average of one per quarter. These results are consonant with the adage; what gets measured, gets done.

Improvements in vocational activity and reductions in hospitalization reflected the labors of a highly committed staff. There was attention to performance and effort extended to get the job done. It was clear that during the period of the most active intervention that agency staff consciously considered how their actions would be reflected in outcome data. Perhaps, most important was the changed attitudes and perceptions. Staff actively challenged their long held beliefs and actively considered how their actions benefited the clients they served.

Conclusion

The reader has been warned repeatedly about the exploratory nature of this study. The case examples provided only constitute a fraction of the experience gleaned from an extensive two year project. Nonetheless, enough has been learned to suggest that consultation services constitute a promising vehicle to improve program performance and subsequently the lives of the clients they serve.

The face of social work services is changing rapidly. The proliferation of specialized services to children, the elderly, the severely mentally ill, the victims of sexual abuse and, other equally important people has outstripped the power of the practitioner to be cognizant of recent developments in the field. Reading the professional journals becomes a luxury in the face of so many demands. Universities as well as State and National organizations are in the best position to remain abreast of recent developments in any given practice field. Outreach consultation services is one method to insure that the most current information gets to the practitioner without forcing them to leave their work.

The consultation model described here is far from esoteric. Indeed, it features the most common elements of good social work practice particularly practice that is informed by outcome indicators. One could reasonably argue that the success that was experienced at various points in this project were not due to the new ideas and innovations that were introduced but simply due to the increased attention that was paid to the basic services that were offered at each center. For some centers this project forced practitioners to look at real outcome measures, not simply unit of service measures, for the first time.

Rapp and Poertner (1987) have suggested that the use of

such measures rightfully moves clients "center stage". Every improvement in the performance of the Bluffs Mental Health Center reflected one person who accomplished a personal goal or perhaps accepted a personal challenge. Sadly, the reverse is also true. Focusing on outcomes in this manner serves to remind us of the real purpose of our work.

REFERENCES

Cogswell, D., & Miles, L. (1984). Becoming a social work consultant. The issue of models. Journal of Continuing Social Work Education, 2(4), 12-16.

Dunn, W., & Swierczek, F. (1977) Planned organizational change: Toward grounded theory. The Journal of Applied Behavioral Science, 13(2), 135-157.

Glaser, B. & Strauss, A. (1967) The discovery of grounded theory. Chicago, IL: Aldine Publishing Company.

Huberman, H. (1987). Steps toward an integrated model of research utilization. Knowledge: Creation, Discussion, Utilization, 4(4), 586-611.

Latham, G., & Yukl, G. (1975). A review of the research on the application of goal setting in organizations. Academy of Management Journal, 18(4), 824-844.

Locke, E., Shaw, K., Saari, L., & Latham, G. (1981) Goal setting and task performance: 1969-1980. Psychological Bulletin, 90(1), 125-152.

Rapp, C., Gowdy, E., Sullivan, W.P., & Wintersteen, R. (1988). Client outcome reporting: The status method. Community Mental Health Journal, 24(2) 118-133.

Rapp, C., & Poertner, J. (1987). Moving clients center stage through the use of client outcomes. Administration in Social Work, 11(3/4), 23-28.

Schmuck, R. (1983). System-process mental health models. In S. Cooper & W. Hodges (Eds.), The mental health consultation field. New York: The Human Sciences Press

Sommer, R. (1987). An experimental investigation of the action research approach . The Journal of Applied Behavioral Science, 23(2), 185-199.

Spradley, J.P. (1979) The ethnographic interview. New York: Holt, Rinehart and Winston.

Sullivan, W.P. Technical Assistance Consultation: A New Model for Social Work Practice Ph.D Dissertation Lawrence, Kansas: University of Kansas